

thing not down upon the chart which she wishes elucidated, she may make the report or the necessary inquiries. She must note the physician's orders upon a bit of paper; on no account may she trust to her memory," etc., etc. If there exist nurses to whom such instructions are necessary, why do doctors employ them? No nurse would take a second case for a doctor whom she had found it necessary to instruct to remove his hat in the sick-room! Chapter V., the fevers classed as of the continued type; Chapter VI., the same, with local manifestations; Chapters VII. and VIII., intermittent type and the exanthemata, the concluding chapter on thermic fever. The book is of convenient size, interesting enough to keep the night nurse wide awake, and just the thing for one to brush up one's memory with and keep one in touch with the times!

**FOOD AND COOKERY FOR THE SICK AND CONVALESCENT.** By Fannie Merritt Farmer, principal of Miss Farmer's School of Cookery, and author of "The Boston Cooking-School Cook-Book" and "Chafing-Dish Possibilities." Brown, Little & Co., publishers, Boston.

*"Invalid cookery should form the basis of every trained nurse's education."*

*"A good sick cook will save the digestion half its work."—FLORENCE NIGHTINGALE.*

*"The careful preparation of food is now recognized to be of vital importance to an invalid and a valuable assistance, in many cases, to the physician in hastening the recovery of a patient."—HELENA V. SACHSE.*

We do not, in this country, begin a nurse's education with class and kitchen teaching in invalid cookery, but no nurse goes out of her training-school in these days without having passed her examination in this, as well as the other branches in which she has been taught. In ordinary cooking we generally find that a cook has to be made as well as born; and this rule holds doubly good in invalid cooking, where the actual value of every ounce of food consumed by a patient must be noted. A good cook always values a good cook-book. Miss Farmer's book has one feature which makes it different from others of its class, in making the recipes for the most part individual, and in many instances adding a note of the caloric value. Some time ago a correspondent wrote the Editor of the JOURNAL asking for the name of some book, not too bulky, and "containing all the diseases, with the proper diet for each, and recipes;" if Miss Farmer's book had been out at that time it would certainly have come nearer to filling the bill than any that were recommended, although it does not profess to meet the requirements of the querist.

Miss Farmer knows her physiology as well as the best nurse of us all, as no one can doubt who reads her book carefully. This is particularly apparent in Chapter I., "Food and its Relation to the Body;" Chapter III., on "Digestion;" Chapter IV., "Food and Health vs. Drugs and Disease," and Chapter XXX., "Diet in Special Diseases." Not that there is any teaching of physiology; on the contrary, it is assumed that the nurse already knows all she should know, and "The nurse should be a student of the classification of foods, their fuel value and digestibility, thus being able to determine and regulate the needed rations for her patients. Chapter II., "Estimates of Food Values," with its table of caloric value of some important foods, is very interesting and very convenient for reference in arranging menus so that money shall be spent for food to the best possible advantage.

There is an especial chapter, XXIX., on "Diabetes," and a list of recipes of

nearly a hundred dishes which may be served to this class of very narrowly restricted patients. Here too we have a list of the diabetic flours commonly in use. Ten are given with the percentage of starch to each, but only one of the ten is recommended as being practically free from starch, "Barker's Gluten," a fact worth remembering. There are general directions for the diet in some special medical cases, some formulae for increasing the body-weight, and some advice for those who suffer from obesity. The chapters on infant feeding and the feeding of children from infancy up to the fifteenth year are valuable and should have a special word of commendation, especially the table showing increase of calories required for a growing child, with the calories divided showing exactly how much of each class is requisite—viz., proteid, fat, and carbohydrates.

The illustrations are very pretty and dainty, and calculated to provoke the most indifferent to a good appetite, and give many hints for attractive serving. The book is sure to become a very popular one both for teaching and reference.



**INFANTILE COLIC.**—The *Journal of the American Medical Association* in a synopsis of an article in *Pædiatrics* says: "The dangers of the rubber nipple, especially those with a long tube, are emphasized by McAllister, who would never use any nipple continuously over two weeks. He insists on having two, one being kept in on alkaline cleansing wash while the other is being used. The dangers of too rapid feeding are pointed out, and he remarks on the necessity of careful physical examination as to the cause of the colic. In the treatment too careful circumspection in the use of drugs cannot be practised. Many cases can be permanently relieved by a little manipulation with or without gentle massage of the abdomen. Next to this is warmth applied to the abdomen, dry or moist, or internally in the form of sips of hot water or hot enemata. In spite of all efforts, however, some infants require medication with carminatives. In these cases the standard teas frequently prove too weak. Paregoric with opium excluded is a remedy of considerable value. The dose is easily regulated, beginning with a few drops. He quotes Rotch as advising the use of carminatives between feedings and gives one of his favorite prescriptions. It consists of forty grains of sodium bicarbonate, forty minims of aromatic spirits of ammonia, thirty minims of glycerin, and two ounces of peppermint-water. One teaspoonful to be given between feedings. When acidity is not an element requiring special treatment, asafetida is frequently of value. The use of narcotics is only exceptionally permissible."

**THE KOPLIK SPOTS.**—The *New York and Philadelphia Medical Journal* in a synopsis of an article in a German contemporary says: "Ruedel confirms the diagnostic value of the Koplik spots as an early sign of measles. He had occasion to observe an epidemic; in the majority of the cases the exanthem appeared upon the inside of the cheek and upon the soft palate for some days before the appearance of the cutaneous eruption. In cases of rubeola no mucous eruption was observed, while in scarlet-fever patients such an eruption was noticed without the characteristic whitish spots, and consisting of many minute red dots, the edges of which were scarcely distinguishable from the surrounding mucosa."